Response, Rigour, Resilience.

2020

UNICEF India Response to COVID-19 Pandemic

HEALTH
Key statistics

<table>
<thead>
<tr>
<th>Demographic Facts</th>
<th>Nos.</th>
<th>Source</th>
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<tbody>
<tr>
<td>Estimated Total Population</td>
<td>227,943,000</td>
<td>Census 2011 population projected to 2020</td>
</tr>
<tr>
<td>Estimated Live Births</td>
<td>5,987,483 per year</td>
<td>As per DG FW Report</td>
</tr>
<tr>
<td>Estimated Pregnant Women</td>
<td>6,652,759 per year</td>
<td>As per DG FW letter to districts</td>
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<tr>
<td>Estimated Children below 1 year</td>
<td>5,730,021</td>
<td>Census 2011 population projected to 2020</td>
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<td>Total no. of Districts</td>
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<td>Total no. of AWC</td>
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<td>MPR July 2020</td>
</tr>
<tr>
<td>Total no. of Dedicated COVID Hospitals</td>
<td>274</td>
<td>UP COVID data base</td>
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<tr>
<td>Total no. of Dedicated COVID Health</td>
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<td>UP COVID data base</td>
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BACKGROUND

The state contributes approximately one-third of the national maternal death and a quarter of under-five and newborn death burden, with over 11,200 maternal and 260,000 under-five deaths every year. While maternal mortality ratio has been decreasing over the past few years, the neonatal and child mortality rates increased in 2018 as compared to 2017 (Neonatal Mortality Rate (NMR) from 30 to 32 per 1000 and Under-5 Mortality Rate (U5MR) from 46 to 47 per 1000 live births). The state suffers from serious health system challenges like human resource shortages, capacity issues, weak monitoring and supervision systems and further exacerbated during this pandemic. When COVID-19 struck, there were serious apprehensions about the ability of the state to manage the emergency.

Uttar Pradesh (UP) is the biggest state in India. In addition to the large population size of approximately 200 million, the state has the highest number of maternal, under-five and newborn deaths.

<table>
<thead>
<tr>
<th>Mortality Rate</th>
<th>Rate per 1000 Live births</th>
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<tbody>
<tr>
<td>IMR</td>
<td>43</td>
</tr>
<tr>
<td>U5MR</td>
<td>47</td>
</tr>
<tr>
<td>NMR</td>
<td>32</td>
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Source: Sample Registration Survey 2018

The first case of COVID-19 was reported in Uttar Pradesh on 4 March 2020. The Government of Uttar Pradesh (GoUP) responded immediately. UNICEF supported the government right from the first day.
COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

The initial response

On 5 March 2020, UNICEF supported the first Training of Trainers (ToT) through video conferencing even before the national ToT took place. Coincidentally, the first round of the Dastak campaign where Accredited Social Health Activists (ASHAs) moved house-to-house with messages on prevention and control of Acute Encephalitis Syndrome and Japanese Encephalitis (AES/JE) was scheduled from 16-31 March. Plans for this initiative were mapped out early on.

Having been the lead partner supporting the GoUP AES/JE campaign from 2018 and up to date, UNICEF was able to advocate for integration of messages on COVID-19 appropriate behaviours into the Dastak package. UP became the first state where ASHAs went house-to-house across the state with messages on COVID-19 appropriate behaviours. The UNICEF-supported Social Mobilization Network (SMNet) took this forward through the following ways:

- Support to the orientation of 138,149 ASHAs across 75 districts
- Facilitation of 47 inter-departmental district level meetings
- Review of microplans
- Monitoring of the visits by ASHAs in 30,674 households in 6,708 villages of 424 blocks in 60 of the 75 districts. The monitoring findings indicate that:
  - 73% of families visited by ASHAs received messages on symptoms of COVID-19.
  - 61% families were able to recall the messages on prevention from the disease.
  - 49% families informed that ASHA demonstrated handwashing to them.

From the early days of the pandemic, the Additional Chief Secretary convened daily planning and review meetings. In all these, the Health team from the UP Field Office was actively engaged and contributed to the ideation, planning and strategy sessions. In a scenario where not much was known about the pathogen and disease as well as management protocols, these meetings proved to be extremely important in mounting an appropriate response.

The UNICEF Field Office, facilitated by the Communication for Development (C4D) and Communication, Advocacy and Partnership (CAP), has been at the forefront in supporting the government’s Risk Communication and Community Engagement (RCCE). Complementing these efforts, the Reproductive and Child Health (RCH) unit has been engaged in the technical reviews and vetting of the communication materials. More than 150 materials were developed during the pandemic. The Social Mobilization Network (SMNet) continues to facilitate the dissemination and use of communication resources developed for COVID-19.
Interventions and Innovations

Migrant tracking and community surveillance

One of the most overwhelming challenges during the pandemic was experienced during the lockdown when millions of migrant workers across the country started returning to their native places. Uttar Pradesh, according to the 2011 Census, had more than a million migrants working outside the state. They posed a dual challenge, that of dealing with the risk of importation of COVID-19 infection and ensuring their welfare.

Anticipating this challenge early on, UNICEF advocated with the government for the need to track the returning migrants and link them up with local health surveillance systems. UNICEF established an online mechanism for tracking these migrants and provided technical assistance in drawing up Standard Operating Procedures (SOPs) for the tracking of migrants, their home quarantine and use of the data for community surveillance.

Migrant tracking was done in two phases: first, between 30 March to 18 April, and the second phase between 1 May to 2 July. During the first phase, ASHAs visited all households across the state while only the households of the migrants were contacted for the second phase. The following activities were carried out:

- Awareness creation on preventive measures on COVID-19 especially in those households visited
- Tracking and enlisting all returning migrants through an online tracking system developed by UNICEF, with the Block Community Process Managers entering the data in the online portal
- Provision of counselling services to the migrants on strict adherence to home quarantine protocols
- Identification of migrants with symptoms of Influenza-Like Illness (ILI), and linking them with the surveillance system for COVID-19 and provided paracetamol for fever

Daily updates on the tracked migrants and lists of individuals eligible for testing was shared with the government on a daily basis. The information was reviewed in the daily meeting chaired by the Chief Minister. The data on source of migration was used to prioritize districts for actions related to COVID-19 such as pool testing.

Alongside with such efforts, UNICEF supported capacity building of approximately 150,000 ASHAs and their supervisors through online platforms and WhatsApp videos on the SOPs and on personal protection. The GoUP formed Village/Mohalla Nigrani Samitis to ensure that the returnees followed all protocols related to home quarantine and received relevant social protection schemes. The SMNet coordinated capacity building efforts for orientation of 53,511 members of the Nigrani Samitis (44,149 Pradhans/ Ward members and 9,362 Village development officers across the state).

(Source: Training report data)
(Source: Nigrani Samiti Report data)
Migrant Tracking Results:

- **3,135,826** migrants visited and line listing done
- **2,298** eligible migrants tested for COVID-19
- **14,531** migrant children below two years identified and linked with immunization services
- **8,414** migrants with symptoms of ILI/SARI (Influenza Like Illness and/or Severe Acute Respiratory Infection) identified
- **293** migrants turned COVID-19 positive among the samples collected and were isolated and treated in designated COVID-19 hospitals
- **502** pregnant women identified and linked with ANC (Antenatal Care) and delivery care

Rigorous tracking of migrants ensured that the infection that they might have carried (more than 80 per cent that returned are from hotspot districts) will not spread wide in rural areas as was the apprehension. The data from migrant tracking was used for taking many and timely decisions related to COVID-19 response. Even now, the results are being used to ensure that marginalized groups receive essential health services like immunization.

Using the Polio legacy for combatting COVID-19: Engagement of Faith-based Leaders

Uttar Pradesh was one of the hotspots for polio until 2010 when the last polio case in the state was detected. Amongst the many strategies that contributed to the polio-free status of Uttar Pradesh was the UNICEF supported network of community mobilizers—the SMNet. The Network was instrumental in creating community-based assets for social mobilization such as the network of faith-based leaders. SMNet has proficiency in monitoring community-based interventions and networking with other departments.

Communication for COVID-19 appropriate behaviours has been a significant issue, with the paradox of high awareness, but low in practice. These challenges were highlighted prominently during events associated with faith and mass gathering. As the pandemic evolved, the occurrence of infection got associated with stigma. In certain communities, misbehaviour with surveillance teams in the communities were noted. In this context, SMNet engaged with faith-based leaders and institutions with national and international repute such as Darul-uloom Deoband, Waqf board, Dargah E Ala Hazrat, Maulana Arshad Madni (President All India Jamaiat Ulema-i-Hind), Maulana Khalid Rasheed Farangi Mahli, Mahant Devyagiri, Acharya Yogendra, Bodh Bhikshu Muktanandji, Father Mathew John, Pandit Vikas Maharaj as well as locally respected leaders.

About 45 signed appeals and 29 video appeals on COVID-19 appropriate behaviours including offering of prayers from home were released on the occasion of Eid. These appeals were disseminated to more than two million people through WhatsApp and garnered more than 20,000 views on YouTube.

(Source: Migrants Tracking data)
(Source: SMNet reports)
(Source: SMNet reports and YouTube)
SMNet mapped and contacted more than 5,000 Madarasas and 15,000 mosques, and coordinated with District Minority Welfare Officers (DMWOs) for wide dissemination of these messages. A similar approach was used during Akshay Tritiya and the festive season of Navratri, Dussehra and Dipawali.

The network facilitated the participation of approximately 250 faith-based leaders in an online state roundtable on promoting COVID-19 appropriate behaviours and addressing social stigma and discrimination. An appeal was issued by these faith-based leaders at the end of the roundtable.9

Apart from the huge effort on social mobilization and their regular work on RMNCH+A, SMNet has also made strong contributions to the following areas during the pandemic:

- **Capacity building of more than 130,000 ASHAs on COVID-19 in March 2020**10
- **Capacity building of more than 55,000 Nigrani Samiti members**11
- **Planning and monitoring of Vishesh Surveillance Abhiyan**, a house to house campaign for COVID-19 surveillance
- **Tele-monitoring** of the quality of home isolation
- **Planning, training and monitoring** during the Dastak campaign for AES/JE control, with integrated COVID-19 preventive measures messaging
- **Telephone interviews** of families with a family member/s who died of COVID-19
- **Support to the dissemination and use of RCCE materials**

**Strengthening Infection Prevention and Control (IPC) practices**

Uttar Pradesh has weak health systems, with facility resilience and quality of care being important constraints. With the onset of the pandemic, the state was faced with the challenge of preparing quarantine and treatment facilities quickly. Since COVID-19 was a new and highly infectious disease, it was important to ensure that measures for IPC are implemented with rigour.

In the early days of the pandemic, UNICEF advocated for the importance of infection prevention and control measures in all health facilities. It also facilitated joint consultation amongst the various stakeholders in the government and partners like WHO and Bill & Melinda Gates Foundation (BMGF)-assisted the Technical Support Unit (TSU) to draft the strategy for implementation of new IPC guidelines. Based on the strategy, a government order was released on 24 April 2020 laying down IPC protocols for facilities. UNICEF along with the government and other partners trained health facility staff on IPC. ToT was done in April 2020 through video conferencing where approximately 800 health facility staff was trained. UNICEF field coordinators were part of IPC committees formed at the district level. They facilitated training of more than 58,485 staff (doctors, staff nurses, ward boys, ayahs, pharmacists and other support staff) working in COVID and non-COVID hospitals of public and private
sectors across the 75 districts along with the government and other partners\(^1\).

UNICEF contributed to preparing a standardized checklist for monitoring and assessing the preparedness of COVID facilities and private hospitals. Standard IPC posters for facilities were also developed. UNICEF field coordinators carried out more than 200 supportive supervision visits to public and private sector COVID and non-COVID facilities along with the government and other partners. The findings were used to address identified gaps.

**Telephonic monitoring of quality of home isolation**

The GoUP issued guidelines for home isolation of asymptomatic and pre-symptomatic COVID-19 cases on 20 July 2020. While home isolation is an important strategy to reduce unnecessary burden on health facilities, incorrect selection of patients for home isolation and inadequate care and monitoring has the potential, both for increased spread of infection and mortality. UNICEF then supported the government in monitoring the quality of home isolation through SMNet.

UNICEF prepared an android-based checklist and SOPs for telephonic monitoring by SMNet. About 530 SMNet were oriented on the SOPs. During the telephone call with the patient under home isolation, information is gathered on services provided by the Health department. The services include visit of Rapid Response Team (RRT) to check the health status of the patient, provision of medicine/s, counselling on regular self-monitoring and reporting of the health status on mobile application developed by the state government. The monitor also gathers information about the support the patient/family is receiving from the Resident Welfare Associations/ Mohalla Surveillance Committees/Village Surveillance Committees and conversely from members of these committees/associations on whether the protocols for home isolation are being followed by the patient and the family members.

UNICEF has shared the feedback from this monitoring at state, division and district levels that led to improvements in important indicators. The graphs below illustrate some of the findings:

\(^1\) (Source: Training report)
UNICEF presented these results to authorities. As a result, the districts with high burden of home isolation cases and poor performance on home isolation indicators e.g. Lucknow, Gorakhpur, Deoria, Prayagraj organized an orientation of rapid response teams to improve the quality of home visits to home isolated patients. SMNet supported the government in training of 278 RRT members until now. Home isolation will be a long-term strategy and therefore, the monitoring needs to be transferred to the government. There are plans to shift this monitoring to the National Health Mission (NHM) tele-calling centre which is currently being established. UNICEF plans to undertake training sessions and handholding support to the unit till December 2020.

New community-based platforms

During the pandemic, particularly during the migrant crisis, point to the importance of building strong community platforms. UNICEF supported the government in building a network of community youth volunteers called ‘COVID Volunteers’ who were drawn from organizations like National Service Scheme (NSS), Nehru Yuva Kendra Sangathan (NYKS), Red Cross, Yuvak/Mahila Mangal Dal and National Cadet Corps.

UNICEF, both Health and C4D, assisted in conceptualizing, drawing up the Terms of Reference (ToR), coordination with the various organizations and capacity building. More than 15,000 volunteers were registered and trained. These volunteers are engaged in awareness generation activities, addressing stigma and discrimination, reporting symptomatic individuals and supporting home quarantine.

Jointly, the Health and C4D teams engaged COVID survivors, or popularly known as ‘COVID Vijetas,’ in awareness generation and psycho-social support to COVID positive patients. Subsequent to their consent and capacity building, 351 COVID Vijetas are onboard and are actively contributing by sharing their positive experiences and stories through online platforms and social media with a focus on mitigating stigma and discrimination. They are also providing psycho-social support to positive patients through tele-calling.
Human interest story

The story of a migrant

Manoj Bind was working in a garment factory in Mumbai and was forced to return to his village Kalutpur, Block Aurai, Bhadohi on 28 April 2020. The factory, where he was employed, shut down. When he reached the village, he was tracked by Shanti Devi, an ASHA, and enrolled him in the migrant tracking portal. Since he was having a mild cough, the state government made sure through the district surveillance team that he be tested for COVID on the same day. Shanti Devi then kept on making follow up visits to Manoj. After three days, his COVID report was received and he was found to be COVID positive. The district surveillance team and Medical Officer (MO) in-charge of the Community Health Centre (CHC) in Aurai, Dr. Amit Dubey and Shanti Devi informed Manoj about his COVID status and persuaded him to get admitted to the hospital. As there was no Level-1 (L-1) facility in Bhadohi, he was taken to L1 facility in Mirzapur on 01 May 2020 in a government ambulance. Later samples of all the family members of Manoj and of the members of neighbouring houses were collected by the COVID surveillance team. It turned out, all of them were negative for COVID.

Manoj was treated at Mirzapur’s L1 facility. He was discharged within 15 days, soon after his tests showed negative. As per the guidelines, he remained quarantined for another 14 days and now he is living a normal life. He says:

// When I tested positive, I lost all hopes for my life. I have all the gratitude to ASHA Shanti Devi, doctors and medical staff of the L1 facility for their care and treatment, provided to me. //

He has started sensitizing the neighbouring families in his village on the precautionary measures against coronavirus and COVID preventive protocols. He also made the villagers aware about the care and treatment he got at the L1 facility.

Now he is waiting for the COVID situation to get normal so that he can return to Mumbai for his means of livelihood.
ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

In the context of the high maternal and child mortality burden that Uttar Pradesh suffers from, the restrictive measures put in place during the lockdown and the shifting of focus to COVID management meant that RMNCH+A service provision was compromised during the pandemic. This had a very serious potential of adverse impact on maternal and child health outcomes. Therefore, support for continuation of RMNCH+A services has been an important pillar of UNICEF support to the government along with direct support on COVID.

UNICEF adopted the following strategies under this pillar:

**Advocacy using data analysis**

UNICEF advocated for resumption of RMNCH+A services during the daily evening review meetings held under the chairpersonship of the Additional Chief Secretary, Medical Health and Family Welfare by sharing an analysis of the Health Management Information System (HMIS) and Sick Newborn Care Unit (SNCU) and online MIS data. The data showed significant fall in coverage of RMNCH + A services across the continuum. This helped in highlighting the need for resuming interrupted RMNCH + A services.

**Technical assistance for drafting service continuity guidelines**

While it was important to resume services, it was equally important to ensure that infection prevention practices were followed. This required modification in guidelines of various programmes. UNICEF supported the government in modifying the guidelines of both facility and community-based health programmes. The guidelines for facility-based service continuity were released on 19 April, much before the national guidelines were released.

It was important to orient health facility staff and frontline functionaries on the service continuity guidelines. UNICEF assisted the orientation of the following staff on these guidelines in separate online sessions for each programme:

- 150 personnel from 81 SNCUs
- Staff from 600 delivery points
- Approx. 600 officials supporting Village Health Nutrition Days/ Routine Immunization (VHND/RI)
- More than 800 Prevention of Parent-to-Child Transmission (PPTCT) counsellors/Lab Technicians (LTs) jointly with the government, WHO, and BMGF-assisted TSU

(Source: Training report)
Alternative mechanisms for mentoring/monitoring

Subsequent to the release of service continuity guidelines, it was important to monitor these services in the field. This was very challenging because physical visits would have exposed field coordinators to the risk of infection. UNICEF conceptualized alternate mechanisms of mentoring that included the following:

1. Online mentoring of SNCUs and labour rooms
2. Telephonic monitoring of Home-Based Newborn Care (HBNC) programme
3. Telephonic monitoring of SNCU discharge follow-up and use of WhatsApp for feedback

Apart from these alternate mechanisms, some services were monitored traditionally through physical visits with strict adherence to infection prevention protocols including use of appropriate Personal Protective Equipment (PPE). These included the following:

1. VHND monitoring
2. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) monitoring

While the above two were facilitated through physical visits, data was collected on a real-time online system.

As of today, UNICEF field coordinators have made 73 online mentoring visits to SNCUs and 78 to labour rooms. Taking cue from this, NHM has rolled this intervention out across the state, with UNICEF and BMGF assisted TSU supporting 24 such sessions until now.14

UNICEF field coordinators have made 5,546 telephonic calls to monitor HBNC coverage and quality which have shown that families of 69 per cent newborns received telephonic counselling and 14 per cent were visited by ASHAs.15

About 54,039 telephone calls were made to monitor follow up of SNCU graduates by SMNet. Regular feedback sharing at state and district levels has resulted in an increase in community follow up from 25 per cent in December 2019 to 35 per cent in August 2020. Average delay in entry of discharged newborn has come down to 1.3 days (3.5 days in February 2020 to 2.2 days in August 2020). As per SMNet monitoring data, an increase has been observed (77 per cent in February to 81 per cent in August 2020) in the correct filling of contact details by staff nurses and Data Entry Operators (DEOs). 15 per cent improvement has been observed in contact by DEO (53 per cent in February to 68 per cent in August 2020).16

11,173 VHND sessions and 124 PMSMA sessions have been monitored during the pandemic and subsequent feedback shared with the government.

14(Source: UNICEF reports)
15(Source: UNICEF HBNC telephonic monitoring data May to September 2020)
16(Source: UNICEF SNCU graduates monitoring data May to August 2020)
17(Source: VHND monitoring data)
18(Source: PMSMA monitoring data)
Online programme reviews

The data collected through monitoring and routine reporting were used to review programmes, with UNICEF facilitating online reviews for SNCUs, maternal health and PPTCT and in supporting the review of Home-Based Newborn Care programme at the state level. UNICEF also facilitated 18 divisional level review meetings for the Elimination of Mother-to-Child Transmission (EMTCT) programme.\(^\text{16}\)

\(^\text{16}\)(Source: EMTCT training report data)
Human interest story

Resuming outreach health services in an aspirational district after COVID-19

The imposition of the lockdown during the pandemic in March 2020 brought with it the suspension of outreach health services like immunization. In view of the adverse impact of this suspension on women and children, the Government of Uttar Pradesh decided to restart antenatal and immunization services at VHND while meeting the infection prevention protocols for COVID-19. These protocols included maintaining social distancing, following hand hygiene practices by Field Level Workers (FLWs) and beneficiaries and disinfection of the instruments and session site.

Subcentre Bankat in Shivrampur Block of District Chitrakoot, with a population of 9,455 and an annual target of 255 infants and 280 pregnant women. This aspirational district is situated 20 km from the nearest primary health centre in Barwara. The subcentre area has three villages and eight hamlets and is served by Auxiliary Nurse Midwife (ANM) Manju Devi, five Anganwadi Workers (AWWs) and seven ASHAs. The disruption of VHNDs, for around one and a half months resulted in a drop out of 142 infants and 42 pregnant women for immunization.

The team of ANM Manju Devi, seven ASHAs, five AWWs and Pradhan Sona Devi started to plan for infection prevention measures at the session site beforehand. All FLWs were given training by district officials on correct usage of masks, conduct of outreach services by maintaining social distancing and protocols of infection prevention.

The major challenges faced by Manju Devi were identification of a proper site for conducting VHND session and mobilizing the community by overcoming their apprehensions and minimizing the risk of exposure to infection. For this, she conducted an orientation of ASHAs and AWWs on due list updating, mobilization and infection prevention measures. Along with the Pradhan and other influential persons from the village, she managed to relocate the session site so as to maintain social distancing during the session.

During house to house visits for mobilization, queries related to COVID-19 infections were addressed by ASHAs and AWWs. ASHAs further enquired about the travel history and symptoms like fever, cough or respiratory symptoms to screen for any suspected COVID patients amongst due beneficiaries. Caregivers were given a time slot to stagger arrival of beneficiaries and only one caregiver per beneficiary was allowed to come.

On the session day, session sites were sanitized before and after the sessions with sodium hypochlorite solution. In the waiting areas, a distance of 3-4 feet was maintained between beneficiaries and only one beneficiary was allowed to reach the vaccination area at a time. The ANM and ASHAs oriented the beneficiaries on the importance of handwashing and social distancing at the session sites.

With the efforts from Manju Devi and her team, people started coming to VHND sessions to get their children immunized in the given time slots with all the necessary precautions. In three weeks, six sessions were conducted in which 28 pregnant women were provided with antenatal services and 112 children received due vaccines. Now, parents and caregivers are calling Manju Devi and the ASHAs on their own, enquiring about the date and time of the next session. People are also in touch with ASHAs regarding symptoms of COVID-19 like fever and cough.
On 10 August 2020, the Hon’ble Chief Minister of Uttar Pradesh launched the Pneumococcal Conjugate Vaccine (PCV) in 56 districts. UNICEF provided technical assistance in trainings at state and district levels (through SMNet) particularly on communication, sensitizing media and the launch event itself.

### HPM indicators

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<th>Target for March to December 2020</th>
<th>Progress up to September 2020</th>
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<td>No. of Health workers trained in detection, referral and management of COVID-19 cases</td>
<td>250,000</td>
<td>Facility - 58,485</td>
<td>State Training report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community - 164,311</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total - 222,796</td>
<td></td>
</tr>
<tr>
<td>No. of women and children receiving essential health care including prenatal delivery and post natal care, essential newborn care, immunization, treatment of childhood illness and HIV care in UNICEF supported facilities</td>
<td>7,255,000</td>
<td>1,917,057</td>
<td>HMIS (March to June)</td>
</tr>
<tr>
<td>No. of Health care facility staff and community staff trained in infection prevention and control</td>
<td>60,000</td>
<td>58,485</td>
<td>State Training report</td>
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PARTNERSHIPS

The pandemic has been a great opportunity to strengthen existing partnerships and forge new ones. While the government has been at the forefront of this battle, development partners like UNICEF, WHO and BMGF assisted TSU have supported the government on COVID response since the beginning. The platform of daily review meetings was used to raise a common voice for advocacy on important issues.

WHO and UNICEF have had regular formal and informal coordination meetings and have worked together closely on Vishesh Surveillance Abhiyan, COVID ToTs, IPC trainings, COVID mortality interviews, resumption of RI/VHND services and PCV expansion in 56 districts.

With BMGF assisted TSU, a key area of work was the drafting of service continuity guidelines. Joint work has also been done on capacity building of health personnel on service continuity guidelines, online mentoring of labour rooms and programme review for maternal health.

Apart from this, the Dastak campaign provided opportunity for collaboration with PATH and WHO and this campaign was leveraged for messaging on COVID appropriate behaviours.

Overall, the pandemic has provided an opportunity for collaborating with the government and partners and this will be carried forward as a legacy from the pandemic.
LESSONS LEARNED AND WAY FORWARD

The work during the pandemic has brought with it, multiple lessons for working in an emergency. The most important ones have been:

1. The importance of being quick in our responses
2. Anticipating upcoming challenges and responding to them
3. Using data for influencing decisions
4. The importance of working together within and outside UNICEF

It has pushed us to think of ways to work within the limitations posed by the lockdowns, movement restrictions and inadequate availability of data.

In the coming days, the work on RMNCH + A service strengthening needs to be undertaken vigorously. One particular area which has suffered is the various skill-based trainings such as Facility-based Newborn Care (FBNC), Home-based Care for Young Child (HBYC), Social Awareness and Action to Neutralise Pneumonia Successfully (SAANS) trainings etc. Ingenious ways to conduct these trainings through blended methodologies need to be devised and the experience with online platforms will come in handy. Physical supportive supervision visits have been initiated and need to be put back on track. The Dastak round (for AES/JE prevention) is currently underway with added objectives of COVID communication and enlisting immunization left-out and drop-out children.

Monitoring of Vishesh Surveillance Abhiyan by Block Mobilisation Coordinator in District Maharajganj
The SMNet is supporting in planning, training and monitoring of these objectives. COVID-19 has also brought the focus on hitherto neglected areas like urban health and mental health. UNICEF will incorporate programming in both these areas in plans as appropriate after agreement with the government.

The fight with the virus continues and currently, the focus is on risk communication in the context of the upcoming festive season, with SMNet playing an important role. The most important area of work in the next few months will be to support preparedness for COVID vaccination. UNICEF has already initiated cold chain assessment and will continue to make best efforts to support the government in all undertakings in the battle with COVID-19.
Acknowledgement

UNICEF is grateful to the Government of Uttar Pradesh, Department of Medical Health & Family Welfare and National Health Mission, Uttar Pradesh and the district administrations and health departments across the state for their leadership and cooperation. A special appreciation for all the development partners who collaborated with UNICEF for the response.

Special thanks for the contributions of the UNICEF Field Office of Uttar Pradesh under the leadership of Chief of Field Office (CFO) and the guidance received from Health Section of UNICEF India.
UNICEF India Response to COVID-19 Pandemic

HEALTH

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